## REISSUE LITIGATION

PTO/SB/21 (12-97) Approved for use through 9/30/00. OMB 0651-0031

Older the Pagerwark Res	luction Act of 1995, n	o persons are required to respond to a		ademark Office: U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.			
MIR 2 2 5002		Application Number		09/928,546			
TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Filing Date	August 13, 2	2001			
		First Named Inventor Angelo SPER		ANZA			
		Group Art Unit	3652				
		Examiner Name Thuy Van TR		AN			
Total No. of Pages in this Su	bmission: 30	Attorney Docket Number	ROCKCO P32AUSRI				
		ENCLOSURES (check all ti	hat apply)				
■ Fee Transmittal Form	■ Fee Transmittal Form			☐ After Allowance Communication to Group			
■ Fee attached		Drawing(s)		☐ Appeal Communication to Board			
Response to Non-Compliant Amend.		☐ Licensing-related Papers		of Appeals and Interferences			
☐ After Final	☐ After Final		O/SB/69)	<ul> <li>□ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</li> <li>□ Proprietary Information</li> </ul>			
☐ Affidavits/dec	claration(s)	and Accompanying Petition					
☐ Extension of Time Request (in Duplicate)		☐ To Convert a Provisional Petition		☐ Status Letter			
☐ Express Abandonment Request		☐ Power of Attorney, Revocation Change of Correspondence Address		Additional Enclosure(s) (please identify below):			
☐ Information Disclosure Statement		☐ Terminal Disclaimer		Postcard			
☐ Certified Copy of Priority Document(s)		☐ Small Entity Statement		Preliminary Amendment Reissue Appln Supplemental Declara			
☐ Response to Missing F Incomplete Application		Request for Continued E: (In DUPL)	xamination	Stmt under 37 CFR 3.373(b)			
☐ Response to under 37 CFR	Missing Parts 1.52 or 1.53						
REMARKS RE		ATURE OF APPLICANT, ATTO	ARNEY OR AG	ENIT			
Firm or Individual Name	Scott A. Daniel		MINET, OH AG	Reg. No. 42,462			
Firm or individual Name	DAVIS & BUJO			CUSTOMER NO. 020210			
Signature	00%	Jones	L_				
Date	August 18, 200	05					
		CERTIFICATE OF MAI	ILING				
I hereby certify that this class mail in an envelope 2005.	correspondence is addressed to: Co	being deposited with the Unit ommissioner for Patents, P.O.	ted States Post Box 1450, Ale	tal Service with sufficient postage as first exandria, VA 22313-1450 on August 18			
Type or printed name	Scott A. Daniels						
Signature	871	Jouel		Date: August 18, 2005			

Complete if Known

RELSSUE LITIGATION PTO/SB/17 (12-98)
Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Fundante Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMITTAL for FY 2005

Fifective 10/01/2003. Patent fees are subject to annual revision.

All Deant claims small entity status. See 37 CFR 1.27

Application No. Filing Date First Named Inventor Examiner Name Group Art Unit

09/928,546 August 13, 2001 Angelo SPERANZA Thuy Van TRAN 3652

TOTAL AMOUNT OF PAYMENT: \$395						Attorney Docket No.			ROCKCO P32AUSRI	
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
■ Check □ Credit card □ Money Order □ Other □ None ■ Deposit Account:					3. ADD Large Fee Code	TIONAL F Entity Fee (\$)	EES Small Fee Code	Entity Fee (\$)	Fee Fee Description Paid	
Deposit Account Number: 04-0213					1051	130	2051	65	Surcharge-late filing fee/oath	
Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.					1052 1053	50 130	2052 1053	25 130	Surcharge-late provisional filing fee or cover sheet Non-English specification	
The Director is authorized to: (check all that apply)  □ Charge fee(s) indicated below ■ Credit any overpayments  □ Charge any additional fee(s) during the pendency of this application  □ Charge fee(s) indicated below, except for the filing fee to the above-identified account.						1812 1804	2,520 1	1812 1804	1812 2,520	For filing a request for re-examination Requesting publication of SIR prior to Examiner action
FEE CALCULATION						1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1. FILIN						1251	120	2251	60	Ext.for reply w/in 1 mon
Large Fee	Entity Fee	Small Fee	Entity Fee		Fee	1252	450	2252	225	Ext.for reply w/in 2 mon
Code	(\$)	Code	(\$)	Fee Description	Paid	1253	1,020	2253	510	Ext.for reply w/in 3 mon
1011	1000	2011	500	Utility filing fee		1254	1,590	2254	795	Ext.for reply w/in 4 mon
1012	430	2012	215	Design filing fee		1255	2,160	2255	1,080	Ext.for reply w/in 5 mon
1013	660	2013	330	Plant filing fee		1401	500	2401	250	Notice of Appeal
1014	1400	2014	700	Reissue filing fee		1402	500	2402	250	Filing a Brief in support
1005	200	2005	100	Provisional filing fee SUBTOTAL (1)	<del></del>	1403	1,000	2403	500	of an appeal Request for oral hearing
2. CLA	IMS		Extra	Fee From Below Fee Pa	<u>iid</u>	1451	1,510	1451	1,510	Petition to institute a public use proceeding
Total Cl	aims	-20*	=	\$ 50 (\$ 25) x =		1452	500	2452	250	Petition to revive - unavoidable
Ind. Cla	ims	- 3	=	\$200 (\$100) x =		1453	1,500	2453	750	Petition to revive - unintentional
Multiple	Depende	nt	=	\$360 (\$180) x =		1501	1,400	2501	700	Utility issue fee (for reissue)
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity						1502 1503	800 1,100	2502 2503	400 550	Design issue fee Plant issue fee
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		1807	50	1807	50	Petition related to provisional applns.
1202	50	2202	25	Claims in excess of 20		1806	180	1806	180	Submission of Info.Disclo.Stmt.
1201	200	2201	100	Independent claims in exce	ess of 3	8021	40	8021	40	Recording ea. patent assignment per property (times No.of properties)
1203	360	2203	180	Multiple dependent claim		1809	790	2809	395	Filing a submission after final
1204	200	2204	100	**Reissue independent clai original patent	ms over	1810	790	2810	395	rejection (37 CFR 1.129(a)) For ea.additional invention to be examined (37 CFR 1.129(b))
1205	50	2205	25	**Reissue claims in excess 20 and over original patent		1801 1802	790 900	2801 <b>1</b> 802	395 900	Request for RCE \$39 Request for expedited examination of a design appln
		<del>,</del>		SUBTOTAL (2)	\$-0-					on a dough appir
**or nur	nber previ	ously paid	l, if greatei	r; For Reissues, see above			ee (specify ed by Bas		ee Paid	SUBTOTAL (3)\$ <b>39</b>
SUBMI	TTED BY									Completed (if applicable)
Typed or Printed Name			Scott A. Daniels CUSTOMER NUMBER: 020210			ation No. 42,462		62		Telephone (603) 624-9220
						sit Acct. No. 04-0213				Fax: (603) 624-9229
Signature SM muil								Date: August 18, 2005		